



DEPARTMENT OF INSURANCE
STATE OF ARIZONA
Financial Affairs Division - Compliance Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
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Annual Statement Worksheet
Foreign and Alien Risk Retention Group
Due March 1

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____

DOMICILE: _____

	Enter Company Figures Here ↓ ↓ ↓		Enter Company Figures Here ↓ ↓ ↓
Assets: (Page 2, Line 26, Col. 3)		AZ Direct Premiums: (Page 104, Line 3, Col. 2)	
Liabilities: (Page 3, Line 26, Col. 1)		AZ Finances & Service Charges: (Page 104, Line 3, Col. 8)	
Common Capital: (Page 3, Line 28, Col. 1)		AZ Purchasing Group Premiums: (Page 104, Line 3, Col. 9)	
Preferred Capital: (Page 3, Line 29, Col. 1)		All Direct Premiums: (Page 104, Line 58, Col. 2)	
Policyholders Surplus: (Page 3, Line 35, Col. 1)		All Finances & Service Charges: (Page 104, Line 58, Col. 8)	
Reinsurance Assumed Affiliates: (Page 8, Line 34, Col. 2)		Number of Policyholders Nationwide as of 12/31:	
Reinsurance Assumed Non-Affiliates: (Page 8, Line 34, Col. 3)			

Initial if Enclosed ↓ ↓ ↓	Initial at left if items are enclosed with Annual Statement	Agency Use Only ↓ ↓ ↓
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- _____ A. Annual Statement – 8-1/2" X 14" (YELLOW JACKET, SECURELY BOUND in two-sided book form) _____
- INCLUDE, IF APPLICABLE:**
- _____ 1. Jurat Page _____
- _____ a. Two Authorized Notarized Signatures ☐
- (SIGNERS NAMES **MUST** BE LISTED ON THE JURAT PAGE)
- _____ 2. Actuarial Opinion or _____
- _____ a. Affidavit of Exemption (Copy of Domiciliary Commissioner Approval **MUST** accompany Affidavit) ... _____
- _____ 3. Arizona State Page 20 _____

IF THE FOLLOWING REPORTS ARE AVAILABLE, PLEASE ATTACH TO THIS WORKSHEET:

- _____ B. Management Discussion & Analysis **with** completed Transmittal **Form E-MDA** _____
- The transmittal form **MUST** be completed and affixed to report. DO NOT mail transmittal form without report attached.
- _____ C. Annual Audited Financial Report **with** completed Transmittal **Form E-AFR** ☐
- The transmittal form **MUST** be completed and affixed to report. DO NOT mail transmittal form without report attached.

PREPARED BY:

Name & Title Collect / Toll Free Phone Number E-MAIL Address